



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code		SC	Dept.	A	Contract Number	
County Department Public Health			Dept.		Orgn.	Contractor's License No.	
County Department Contract Representative Gary McBride			Telephone 387-6224		Total Contract Amount		
Contract Type <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:							
If not encumbered or revenue contract type, provide reason:							
Commodity Code		Contract Start Date		Contract End Date		Original Amount	Amendment Amount
Fund AAA	Dept. PHL	Organization 2120	Appr.	Obj/Rev Source 9060	GRC/PROJ/JOB No.	Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
Project Name MAA/TCM				Estimated Payment Total by Fiscal Year			
				FY	Amount	I/D	

CONTRACTOR California Department of Health Services, Medi-Cal Benefits Branch

Federal ID No. or Social Security No. _____




Contractor's Representative _____

Address 714 "P" Street, Room 1640, Sacramento, CA 95814 Phone _____

Nature of Contract: *(Briefly describe the general terms of the contract)*

This is an Agreement with the State of California, Department of Health Services, that spells out the Department of Public Health responsibilities as a Local Governmental Agency for the administration of Targeted Case Management (TCM) services to eligible Medi-Cal beneficiaries within San Bernardino County.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink)	Reviewed as to Contract Compliance	Presented to BOS for Signature
 County Counsel	 Department Head	 Department Head
Date _____	Date _____	Date _____

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By